

**WICHE Professional Student Exchange Program Application
Colorado State Residents
2012-2013 Academic Year**

Last, First, & Middle Name: _____

Email Address: _____

Address: _____

Phone: _____

Permanent Address: _____
(must be CO address)

Phone: _____

SSN: _____ Gender: _____ Marital Status: _____

DOB: _____ Birthplace: _____

Where did you hear about WICHE PSEP? _____

Ethnicity question is **optional**. Please circle one.

American Indian/Alaskan Native Asian/Pacific Islander Black Hispanic White

NOTE:

Please answer the following under “Your Parents” if you are under 22 and unmarried;

Please answer under “You” if you are 23 or older;

Please answer under both “You” and “Your Parents” if you are 22.

You	Your Parents
_____ to _____	_____ to _____
_____ to _____	_____ to _____
_____ to _____	_____ to _____
_____ to _____	_____ to _____
_____ to _____	_____ to _____
_____ to _____	_____ to _____
_____ to _____	_____ to _____
_____ to _____	_____ to _____
_____ to _____	_____ to _____
Does one or both of your natural parents reside in CO?	
Yes No	Yes No

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Other circumstances which establish your Colorado residency for tuition purposes: _____

Name & location of your high school: _____

Graduation Date: _____

List all higher education institutions you have attended

Name	Location (City and State)	Dates Attended	Tuition Status (In-state, out-of-state or private)	Date Degree Obtained

Rank each optometry school you have applied as first, second, third and fourth choice:

_____ Pacific University _____ Southern California College of Optometry _____ Midwestern University _____ Western University

You are applying for:

_____ Certification (first year) _____ Recertification (certified in Year _____, but did not participate)

When do you expect to graduate from optometry school? _____

I understand that intentional omission or inaccuracy will result in immediate disqualification of financial support from the Colorado WICHE Professional Student Exchange Program and that I will be held liable for repayment of any financial support obtained through incomplete and/or false information.

Signature

Date

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Under **C.R.S. 24-76.5-103(4)**, it is necessary that you supply proof of lawful presence in the United States and execute an affidavit affirming lawful presence.

Please supply a notarized copy of one of the following: a) valid CO driver's license or state ID card; 2) US Military card or military dependent's ID card; 3) US Coast Guard merchant mariner card; 4) Native American tribal document.

If you do not have one of these four types of ID, please contact the program supervisor for additional information.

Lawful Presence Affidavit:

I, _____, swear or affirm under penalty of perjury

under the laws of the state of Colorado that (**check one**):

☐ I am a United States citizen; or

☐ I am a Permanent Resident of the United States; or

☐ I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature: _____ Date: _____